PHYSICIANS should state Exact statement of OCCUPA-

D. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Olitic Ol mittle Centre Centre	STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
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-1	h	1	1	C	8	1	1	
(	J	-	1	8	)	1	7	

1. PLACE OF DEATH	97)
County Ff. Many	Registration Dist. No. 127
Village or City Day dear	NoSt., Ward
Length of residence in city or own where death occurred 30 yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Julian Usen Ul	Vano
(a) Residence: No. / Proc Class.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Who. To  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of  Large  Adam.	22.   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lune 23 / 8 498	
7. AGE Years Months Days If LESS than	
86 87 / 6   1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	General Visceral
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (month and	FAILURE
10. Data deceased last worked at this occupation (month and yaar) occupation occupation	
12. BIRTHPLACE (city or town) . J. Jany . Co (State or country)	Other Contributory Causes of importance:  HOLONG PCIONOS
13. NAME John aldom.	
13. NAME  14. BIRTHPLAGE (city or town)  (State or country)	Name of operation Data of
	What test confirmed diagnosis?Was there an autopsy?
15. MAIOEN NAME William 16. BIRTHPLACE (city or town) 224 - Great mills	23. If death was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mr. Edwarf Adam.	Where did injury occur?  (Specify city of town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION OR REMOVAL  Place Page 1 2 2 3	6 Manner of Injury
19. UNDERTAKER LOY 6. Meaning	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Xlores Story	If so, specify
20, FILEO 1/31 , 19 36 Caccalca Registrar.	(Signed) / Sugh Della Del Mad
The second secon	rar, 2411 N. Charles Street, Ballimore, Requesting U. S. Nb. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

h and whatad someon			
h and related causes ws CEIVE	Date of onset	of importance were as follows:	
F-P-	1915	Attack of epilepsy	1 week ago
1 109F	1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
SUPEAU V. S			
of importance:	mentagy	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	FERS A 1930 BUREAU V. S	1915 1921 July 5, 1927 of importance:	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  of importance:  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAI

STATE OF MARYLAND—	CERTIFICATE OF DEAT	LH 00850
1. PLACE OF DEATH	(194.0)	2003
County St Allasy	Registration Di	st. No. 275
Village or City OMANAION	No	St., Ward
	f death occurred in a hospital or institution, give its NAME isds. How long in U.S. if of foreign birth?	
2. FULL NAME WESH Y VILLAM MOW	men	
(a) Residence: No. PRANTIAN	St., Ward.	
(Usual place of abode)	the state of the s	ve city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE	JF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	H 1936
5a. If married, widowed, or divorced HUSBAND of	(Month)	(Day) (Yaar)
(or) WIFE of	22. I HEREBY CERTIFY	
6. DATE OF BIRTH (month, day, and year) ON. 26-1935	I last saw h alive on	, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.	m.
2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
8 Trade profession or particular	- A	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Congenifal alevatile	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and	lastroff Dare IN	W
SAW MILL, BANK, etc	- history	
this occupation (month and spent in this occupation coupation		
12, BIRTHPLACE (city or town) 1944 Dung madder	Other Contributory Causes of importance:	
(State or country)		
13. NAME PAUL		**************
13. NAME PANY PANY 14. BIRTHPLACE (city or town) NGW Pantowny	Name of operation	Date of
(State of country)	What test confirmed diagnosis?	Was there an au'opsy?
15. MAIDEN NAME VALL XIMMA DENVINEW  16. BIRTHPLACE (city or town) - MALL XIA - VALL  (State or country)	23. If death was due to external causes (VIOLENCE) fill I	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Da	te of injury, 19
(State of country)	Where did injury occur? (Specify city or to	wn, county and State)
17. INFORMANT WWW DAYS	Specify whether injury occurred in INDUSTRY, in HOMI	, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place De Del PM Data MV 2 , 1926	Nature of Injury	
19. UNDERTAKER WIM SMOWSMUN	24. Was disease or injury in any way related to occupati	
(Address) MARTHOO A	If so, specify for the factor of the second	Haad All
20. FILED TOWN . A A A A Registrar.	(Signed) (Address) MAY A AV	( ) M.D.
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10 .- The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Exa	ample I	Policy and the second s	Example II	
The principal cause of deat of importance were as follow Arterioselerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephrilis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	LEB 5 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU Y. S.			
Other contributory causes	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WI

TION is very important. See instructions on back of certificate.

S.CD. Every item of infor-PHYSICIANS should state

Exact statement of OCCUPA-

## STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	V	0	1	1

1. PLACE OF DEATH	(24E)
County St. Manyo	Registration Dist. No. 286
Village or City Chapter med	No. St. Ward
VIA.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME William & Cole	
(a) Residence: No. Chepter ma	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH au . 29
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Corp. WIFE of Clumb, Cale	22.   HEREBY CERTIFY, Thet I ettended deceased from
0 101/ 7	au 5 ,1986, to Jan 29, 1936
6. DATE OF BIRTH (month, day, end yeer) Oct 31 - 186  7. AGE Years   Months   Days   If LESS than	I last sew h
60 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade profession or particular	were es foliows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Tepatic Curhasis Dec 35
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month end	
SAW MILL, BANK, etc	V
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	Cheonic Myscardilis -
13. NAME William Cale	Armor late o fenerancia un. 36
14. BIRTHPLACE (city or town) Many land	Name of operation
(State of Country)	Whet test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Wellie Cale  16. BIRTHPLACE (city or town). Many Care  (State or country)	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
119-00-1-1	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Charles Mal	dpoint might occurred in the court, in home, or fit to be to the court
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 1936	Nature of injury
19. UNDERTAKER Ula C. Welch	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chaplery and	If so, specify
20. FILED JON J. 1966 X. J. J. WILLY P. Resistrar.	(Signed) (Majolta) M. D.
	2411 N. Charles Street, Baltimore, Regassing U. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 1936 \$	Vuly5,1927	Peritonitis	3 days ago
WIREAU V. S.			
Other contributory causes of importance:	10 10 10 11	Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year



CACD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	\
N. B.—WRITE PLAINLY, WITH UNFABING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 00822
1. PLACE OF DEATH	(81)
county Stimans	Registration Dist. No. 286
Village or City Bushing	No. und St., Ward
Length of residence in city or town where death occurred 4 yrs. O mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Inlia Louis	Clementin Its
D 1	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12-17-31	I last saw h A alive on 1 - 8 - 19 3 Gleath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230.4 m.
4 0 1 3 1 day,hrs.	The PRINCIPAL AUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(eccidental
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7, 9
10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spent in this year) occupation	
Bushing	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	Care for
13. NAME When Cleaned Joy Sai	
13. NAME WE Cliver Clarified 1991	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Wa Pearl Bullow	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Buyling	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Cleaner Change	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oce of Le actate 10, 1936	
19. UNDERTAKER To They are	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1- 9-, 1934 VC V Palerra. Registrat.	(Signed) 11 W O alex M. D.  (Address) A Company M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

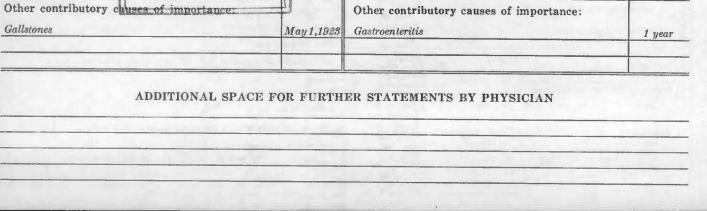
- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory chuses of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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state plnods PHYSICIANS ORD. Every statement Exact EXACTL PERMANEN classified certificate. properly stated pe Jo may back should on that instructions S supplied. in plain terms, See carefully important. DEATH should be very OF

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 5a. Imarried, widowed, or Myorced 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years to have occurred on the date stated above, at... 1 day, \_\_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. OCCUPAT 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total tima (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation\_\_\_\_\_ 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town (State or country Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE (Address)

19. UNDERTAKER (Address)

Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AD	50		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER ST.	ATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

,	940
TYO	Registration Dist. No. 5 80
in the	
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
vn where death occurredyrsmo	sds. How long In U.S. if of foreign birth?yrsmosds.
un Mexley 7	+ortroh
Ridge B	24 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Marth) 193 (2)
llie Elizabeth Forrest	(Month) (Oay) (Year)
- P	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, 10, 19, 19
ar) Feb. 21, 1878	I last saw h; death is sald
onths Days If LESS than	to have occurred on the date stated above, atm.
10 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance yere as follows:
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11. Total time (years) spent in this	
occupation	Other Contributory Gauses of Importance:
elje	Certone
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41 oversh	
Rione	Name of operation Oate of
mil	What test confirmed diagnosis? Was there an aulopsy?
, Florence	23. If death was due to external causes (VIOLENCE) fill in also the following:
R.'0.0.	
mu	Accident, suicide, or homicide? Date of injury, 19
1= 4:1-1	(Specify city or town county and State)
D. S.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
14	Manage of July
300 Date Jace 13, 1935	Manner of injury
Da '	Nature of injury
Truesan	24. Was disease or injury in any way related to occupation of deceased?
Julian 1014	If so, specify
Av Heeg	(Signed) M. D.
Registrar.	(Address)
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTIC L PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE OF DEATH SINGLE, MARRIED, WIDOWED, 21. DATE OR DIVORCED (write the word) man (Month) (Day) (Year) 5a. If married, widowed, or divorced MUSBAND of > That I attended deceased from ERTIF (os) WIFE of 6. DATE OF BIRTH (month/day, and year) 7. AGE Months Oays If LESS than to have occurred on the date stated above, at 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, UPATION SAWYER, BOOKKEEPER, etc. ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this 405 occupation\_ Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or couptr FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT. (Address) 18. BURIAL, GREMATION OR REMOVAL Manner of injury Place // Nature of injury 24. Was disease or injury in any way related 19. UNOERTAKER to occupation of deceased? (Address) If so, specify (Signed) 20, FILED. Registrar (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH County Village or City A. Ward Length of residence incity in the property of the value of the state of t	STATE OF MARYLAND—	CERTIFICATE OF DEATH -00826
Village or City Addition St. 1. Ward  Length of residence in-city of your whylestesth occurred a D. yrs	1. PLACE OF DEATH MALL	82-0 20
Length of residence in city by spown why releast occurred and number)  2. FULL NAME  (a) Residence: No. A MALL SAME (Characters of about)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRED, WIDOWED, WILL SAME (Month)  A MANUAL STATISTICAL PARTICULARS  21. DATE OF DEATH  Cony WIFE of Control of the contr	County Day July	Registration Dist. No. 2
Length of residence incity or John whereleasth occurred \$\frac{17.7\text{ys}}{1.000}\$. ds. \$\frac{1}{1.000}\$ Residence in No. \$\frac{1}{1.000}\$ Multiplace of abods \$\frac{1}{1.000}\$ St. \$\frac{1}{1.000}\$ Ward. \$\frac{1}{1.000}\$ If nonresident give city or town and State \$\frac{1}{1.000}\$ PERSONAL AND STATISTICAL PARTICULARS \$\frac{1}{1.000}\$ St. \$\frac{1}{1.000}\$ Multiplace of abods \$\frac{1}{1.000}\$ Medical CERTIFICATE OF DEATH \$\frac{1}{1.000}\$ St. \$\frac{1}{1.000}\$ Minoths \$\frac{1}{1.000}\$ (Or) NITE of Months \$\frac{1}{1.000}\$ Months \$\frac{1}{1.000}\$ Minoths \$\frac{1}{1.000}\$ (Or) NITE of Months \$\frac{1}{1.000}\$ Months \$	Village or City AMMAMM	
(a) Residence: No. Additional place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR. R.C.E  S. SINCLE, MARRIED, MINORED  ORD, MONTHS OF BEATH  2.1. DATE OF DEATH  2.2. LATE OF DEATH  2.3. SIX  4. COLOR OR. R.C.E  S. SINCLE, MARRIED, MINORED  ORD, MONTHS OF MARRIED, MONTHS  DATE OF BIRTH (month, day, and year)  ORD, MONTHS OF MARRIED, MONTHS OF MARRIED, MONTHS OF MARRIED, MINORED  ORD, MONTHS OF MARRIED, MARRIED, MARRIED, MONTHS OF MARRIED, MARRIED, MARRIED, MONTHS OF MARRIED,	1 1 6.7	
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PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR. OR. RACE  S. SINGLE, MARRIED, PHOOVED ORD, DIVERBED (Section of the word)  5a. It married, widowed, or divorced (cory nitro)  6b. DATE OF BIRTH (month, day and year)  7c. AGE  1 HES TIPY. That J spended deceased from the word or years of the word or years or years of the word or years or	(a) Residence: No. DMMANDV	St., Ward.
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6. DATE OF BIRTH (month, day and year) / / / / / / / / / / / / / / / / / / /	(or) WIFE of OMMY! Melber	
T. AGE  Years  Months  Days  If LESS than 1 day. hrs. or. min.  The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows:  Date of enset  Were as follows:  Date of enset  Date of country  Date of enset  Date of	6. DATE OF BIRTH (month, day, and year)	
S. Trade, profession, or particular kind of work done, as SPINNER, ### AWMIN SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, ### AWMIN SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked as which work was done, as SILK MILL, SKR, etc.  11. Total time (years) spant in this year)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or, country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place MAILLAL (REMATION, OR REMOVAL  (Address)  19. UNDERTAKER  (Address)  M. D. (Address)	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.
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(Specify city or town, county and State)  17. INFORMANT OMMY TRIVEY.  (Address)  18. BURIAL, CREMATION, OR REMOVER Place.  Place VIVILLA Date W. 29, 1936  19. UNDERTAKER DUGUES TANK TO MAIN	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
(Specify city or town, county and State)  17. INFORMANT OMMY TRIVEY.  (Address)  18. BURIAL, CREMATION, OR REMOVER Place.  Place VIVILLA Date W. 29, 1936  19. UNDERTAKER DUGUES TANK TO MAIN	15. MAIDEN NAME / WWY DWWW	23. If death was due to external causes (VIOLENCE) fill in elso the following:
(Specify city or town, county and State)  17. INFORMANT OMMY TRIBUTY  (Address)  18. BURIAL, CREMATION, OR REMOVER  Place VIVIAL Date W-29, 1934  19. UNDERTAKER OMACK TANK  (Address)  20. FILED FMM 21, 19-20 A. A. M. M. D.  Registrar.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR REMOVAL  Place PARALLE Date PW-29, 1936  19. UNDERTAKER DUGUNG TO A STREET TO STREET THE PROPERTY OF	(State or country)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place PLANTICK Date W. 29, 1936  19. UNDERTAKER DUGUNG TOWN 19. UNDERTAKER (Address)  20. FILED FIRM 21, 19-30, A. J. MANNAM Registrar.  Manner of injury Nature of injury  24. Was disease or injury In any way related to occupation of deceesed?  If so, specify (Signed) A. J. MANNAM  (Address)  M. D. Registrar.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place PARAMENTAL Date PARAMENTAL Nature of injury  19. UNDERTAKER DUGUNG TOWN 24., 1926  19. UNDERTAKER DUGUNG TOWN 24. Was disease or injury In any way related to occupation of deceesed?  16 so, specify (Signed) A. J. MANAMENTAL STATES (Address) M.D. Registrar.  (Address) M.D. Registrar.		Manus of Talling
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(Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	En uarne Mally,	
20. FILED FIN 27 , 19-36 A. D. WYSWN (Signed) A. J. J. WWW. M. D. Registrar. (Address) WWW.Qaw.gal.		D h   D
	20. FILED FIN 27 19.36 X. 18. Julysm	(Signed) A - 1 A MWWW M. D.

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E	xample I	1	Example II	
The principal cause of dea of importance were as foll Arteriosclerosis			The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	20	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	BUREAU V.	6.7	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A DESERVANTA Y CONTROL MAIN PROPERTIES OF A PROPERTIES OF A DESIGNATION OF

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BI PHIS	ICIAN	

# BINDING FOR ARGIN RESERVED

statement Exact PERMANENT classified. certificate. properly SI -THIS pe Jo back plnods may on that UNFADING instructions supplied terms, See plain carefully im portant OF DEATH pe plnous very -WRITE is CAUSE mation TION æ.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County St Mary should Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) HYSICIANS Every How long in U.S. If of foraign birth?\_\_\_\_\_yrs.\_\_\_\_mos. If U. S. Veteran, specify WAR PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) male

Months

Days

11. Total tima (yaars)

spent in this

occupation

5a. If married, widowed, or divorced HUSBANO of

6. DATE OF BIRTH (month, day, and year)

Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc....

Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.....

this occupation (month end

10 Date decaasad last worked at

14. BIRTHPLACE (city or town)

(Stata or country)

16. BIRTHPLACE (city or town). (State or country

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

(or) WIFE of

7. AGE

OCCUPATION

FATHER

MOTHER

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

If nonresident give city or town and State

Oate of onset

(Oav) That I attended decaased from

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Othar Coatributory Causes of Importanca:

22.

If LESS than

1 day, .....hrs

Registrar.

or\_\_\_\_\_min.

	7
Succede a	ne to
	of Su wasel broubs
Neme of operation	O Dete of
What test confirmed discrease?	Wee there on automou?

Accident, suicide, or homicide?\_S (Specify city or town, county and State)

Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury
Nature of Injury

24. Was disaasa or injury in any way related to occupation of decaasad?\_\_\_\_ If so, specify

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronie interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# N. B.—WRITE PLANLY, WIT

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	00828
1. PLACE OF DEATH		23	
county It, many.		Registration Dist. No. 28	4
Village or City aroque m	2	No. St.	Ward
Langth of residence in city or town where death occur	1-	death occurred in a hospital or institution, give its NAME instead of street a	
10 00	the Yorkolu		-IIIO2
2. FULL NAME Many Elizate	in Jorgeon	. Service	
(a) Residence: No. (OV) (Usu	al place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH Jan 3-9 (Nonth) (Oay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attend	led daceasad from
S. DATE OF BIRTH (month, day, and year) Fet,	11-193	I last saw her aliva on 3 , 19.3	( death is said
	nys If LESS than	to have occurred on the data stated ebove, atm.	
22 11 1	8   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER.		(P)	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SII K MIII		Julmondy Tuberculous	6mo
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	ne	A	
	. Total tima (years) spant in this		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Maryland			
(State or country)			
13. NAME   Sellary Johnshire  14. BIRTHPLACE (city or town) Translure  (State or country)			
14. BIRTHPLACE (city or town) 1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Name of operation Date o What test confirmed diagnosis? Was there	
15. MAIDEN NAME Mary V. You	ma_	23. If death was due to axtarnal causes (VIOLENCE) fill in also the follow	
15. MAIOEN NAME Mary V. young  16. BIRTHPLACE (city or town) May la e		Accident, suicide, or homicide? Date of injury	
(State or country)		Whare did injury occur?	
7. INFORMANT Nellary forles (Address) Orovally or	Phie	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL.	Jan 31 24	Mannar of injury	
Place Oate Oate	an 3/ ,193"	Nature of injury	
19 UNOERTAKER Elmer R. Join (Address) Mech.	foe -	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify	J
20. FILEO Jan. 30 , 19.26 - Lung	Sackows Registrar.	(Signad) Clareno C. Wild (Address) Chaptico ma	M. D.
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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